

MONTANA BOARD OF HORSE RACING  
PO BOX 200512  
HELENA, MONTANA 59620

OWNER APPLICATION \$50.00

**BOTH SIDES OF THE APPLICATION MUST BE FILLED OUT!**  
**INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE PROCESSED!**  
**PLEASE NOTE: LINES 1-13 ARE MANDATORY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED!**

1. NAME: \_\_\_\_\_  
First Middle Last
2. ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code  
\_\_\_\_\_  
Mailing Address (if different)
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
City/State
5. ARE YOU UNDER SUSPENSION, SET DOWN, RULED OFF, OR OTHERWISE DEBARRED FROM PARTICIPATING  
IN RACING BY ANY RACING ORGANIZATION, ASSOCIATION, COMMISSION OR OTHER TURF AUTHORITY IN  
THE UNITED STATES OR ELSEWHERE? \_\_\_\_YES \_\_\_\_NO  
**IF YES, GIVE DETAILS** \_\_\_\_\_  
\_\_\_\_\_
6. LIST ALL SUSPENSIONS, FINES OR OTHER RULINGS PREVIOUSLY MADE AGAINST YOU? \_\_\_\_\_  
\_\_\_\_\_
7. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF VIOLATING THE LAW (EXCEPT MINOR TRAFFIC  
VIOLATIONS)? \_\_\_\_YES \_\_\_\_NO  
**IF YES, GIVE DETAILS:** \_\_\_\_\_
8. ARE YOU CURRENTLY ON PROBATION OR PAROLE IN MONTANA OR ANYWHERE? \_\_\_\_YES \_\_\_\_NO
9. WHO IS YOUR TRAINER? \_\_\_\_\_
10. DO YOU RACE UNDER A STABLE NAME? \_\_\_\_ IF SO, WHAT NAME \_\_\_\_\_
11. HAVE YOU BEEN PREVIOUSLY LICENSED BY THE MONTANA BOARD OF HORSE RACING? \_\_\_\_YES \_\_\_\_NO  
IF YES, WHAT YEARS? \_\_\_\_\_  
LICENSE TYPES: \_\_\_\_\_
12. DO YOU NOW HAVE, OR HAVE YOU EVER HAD, A LICENSE FROM ANY OTHER STATE? \_\_\_\_YES \_\_\_\_NO  
IF YES, WHAT STATES? \_\_\_\_\_  
WHAT YEARS? \_\_\_\_\_  
LICENSE TYPES: \_\_\_\_\_

By the acceptance of any license pursuant to this application, I agree to abide by the Rules and Regulations of the Montana Board of Horse Racing. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

13. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **OWNER'S LIST OF HORSES**

---

*Owner name*

Please list all horses in which you have an interest that are or will be racing in Montana ***this year***. Please include their age and trainer.

If you have more than five horses, just list five.

Horse

Age

Trainer

---

---

---

---

---

---

---

---